10/706814

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

STONIUS_CIP

CLAIMS AS FILED - PART I (Column 1) (Column								SMALL EN TYPE		OR	OTHER SMALL	
то	TAL CLAIMS			!				RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TO	TAL CHARGEA	BLE CLAIMS	53 minus 20=		· 33			X\$ 9=	287	OR	X\$18=	
INDEPENDENT CLAIMS			6 X minus 3 =		·3			X43=	129	OR	X86=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+145=		ÖR	+290=	•
* If the difference in column 1 is less than zero, enter "0" in column								TOTAL	311	OR	·TOTAL	
	CI		AMENDED - PART II (Column 2) (Column 3)					SMALL	NTITY	OR	OTHER SMALL	
_	· · · · · · · · · · · · · · · · · · ·	(Column 1) CLAIMS	·	HIGH		(Column 3)	1		ADDI-	i.		ADDI-
AMENDMENT A	-	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	· 53	Minus		3	<u>-</u> \(\)]	X\$ 9=		OR	X\$18=	
	Independent	• 8	Minus	*** ~ 3	·	= 0]	X43=		OR	X86=	
٧	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM	0_] .	1.5			+290=	
						:	•	+145=		OR	TOTAL	· · · · · ·
			• • • •		•	:	•	TOTAL ADDIT. FEE		OR	ADDIT. FEE	<u> </u>
		(Column 1)		(Colu	mn 2)	(Column 3	<u>L</u>			٠.		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER .	PRESENT EXTRA	,	RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=].	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	5 C1 A1M	= ;	4	X43=		OR	X86=	
	FIRST PRESENTATION OF M		DETIPLE DEPENDENT		COM L.J		J	+145=	ž.	OR	+290=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)									•			
AMENDMENT C	r _{es} er e	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total '	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independ nt	* ·	Minus	***		=		X43=		OR	X86=	·
ৰ	FIRST PRESENTATION OF MULTIPLE DEPENDENT			T CLAIM		J						
+145=										OR	+290=	<u> </u>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL	
**	nne usuesin	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- alo roi na m	10 OLVOF	13 1633 114			AUDII. PEC		a ·	700, L	